

## Direct Deposit Authorization

*You are hereby authorized to deposit in full any checks issued to me by Institute for Citizens & Scholars as payment for consulting services.*

***You must attach a voided check or statement of your bank information from your bank (not a bank statement but a verification of the account and ABA number from your bank.).***

**Name of Bank** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ABA #** \_\_\_\_\_

**Account #** \_\_\_\_\_

**Swift Acct** \_\_\_\_\_

*(if applicable)*

**Your Name** \_\_\_\_\_

*(please print)*

**Social Sec #** \_\_\_\_\_

\_\_\_\_\_  
***(sign your name)***

\_\_\_\_\_  
***(date)***